

The State of New Hampshire

_____ COUNTY

PROBATE COURT

IN RE: _____

DOCKET NUMBER: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES RECORD RELEASE AUTHORIZATION

To: Department of Health and Human Services and all its divisions

I hereby authorize the release of any child or adult abuse and neglect record that you may find concerning me to the _____ County Probate Court, at

_____.

1. Name _____
Address _____
2. Also known by following names (example: maiden name) _____

3. Date of birth _____
4. List other states where you have resided as an adult and when _____

I understand that the information disclosed and provided by you under this request and release authorization is intended for use by the above named court, in conjunction with the above referenced matter and subject to any confidentiality requirements applicable to such legal proceeding.

Date: _____

Signature

THE STATE OF NEW HAMPSHIRE

_____ COUNTY

DATE _____

Subscribed and sworn to before me,
My Commission Expires _____
Affix Seal

Justice of the Peace/Notary Public

The court requires that the search be conducted and the information be provided as specified above. PER ORDER OF THE COURT,

Date: _____

Register of Probate